

SEPT 24 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33571

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8980

|   |                        |  |  |
|---|------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE ILLINOIS b. COUNTY  |  |
| b. CITY (If outside corporate limits, write RURAL and give town OR St. Louis, Missouri  |                        | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WATER LOO - 8120  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1  |                        | d. STREET ADDRESS (If rural, give location) RURAL ROUTE 8  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) Katie   |                        | b. (Middle) Wiersch  |  |
| c. (Last) Wiersch   |                        | 4. DATE OF DEATH (Month) (Day) (Year) SEPT. 25, 1952   |  |
| 5. SEX FEMALE   | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED   | 8. DATE OF BIRTH 3-25-1884   |
| 9. AGE (In years last birthday) 68  |                        | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK.   | 11. BIRTHPLACE (City and State or Foreign Country) Mowers Co. Ill. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK.   |                        | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME.   | 12. CITIZEN OF WHAT COUNTRY? U.S.A.                                |
| 13a. FATHER'S NAME ADAM KAISER  |                        | 13b. MOTHER'S MAIDEN NAME CATHERINE WIRSCHEN   | 14. NAME OF HUSBAND OR WIFE CONRAD WIERSCH.                        |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.  |                        | 16. SOCIAL SECURITY NO. NONE   |  |
| 17. INFORMANT'S SIGNATURE OR NAME MARCELHA SCHROEDER-WATERLOO-ILL.  |                        | ADDRESS WATER LOO-ILL.   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |                        | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Transverse Colon<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION  |                        | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                        |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                        | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |                        |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)   |                        | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  |
| 21f. HOW DID INJURY OCCUR 153X  |                        |  |  |
| 22. I hereby certify that I attended the deceased from 9-4-52, 19, to 9-25-52, 19, that I last saw the deceased alive on 9-25-52, 19, and that death occurred at 10:30 AM., from the causes and on the date stated above.       |                        |  |  |
| 23a. SIGNATURE (Degree or title) M.D.   |                        | 23b. ADDRESS 1515 Lafayette Avenue   |  |
| 23c. DATE SIGNED 9-25-52  |                        |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal   |                        | 24b. DATE 9-26-52  |  |
| 24c. NAME OF CEMETERY OR CREMATORY  |                        | 24d. LOCATION (City, town, or county) (State) Waterloo Ill.  |  |
| DATE REC'D BY LOCAL REG. SEP 26 1952  |                        | REGISTRAR'S SIGNATURE Charles Smith  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE  |                        | ADDRESS WATER LOO-ILL.   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

Licensed Embalmer No. 4366

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.